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Bib Data Sheet

**CONFIRMATION NO. 1200** 

<b>SERIAL NUMB</b> 09/772,394	FILING OR 371(c) DATE 09/772,394 RULE		C	CLASS 705	<b>GROUP AR</b> T <b>36</b> 26		UNIT	<b>ATTORNEY DOCKET NO.</b> 79731.010100	
This appln ** FOREIGN APF	DATA claim	lyack, NY;  A ***********************************	6 11/13/2 ****		ENTITY	. **			
Foreign Priority claimed  35 USC 119 (a-d) conditions  met  Verified and Acknowledged  Examiner's Signature  Initials				STATE OR COUNTRY NY	SHEETS DRAWING 13		T <b>OT</b> CL <b>A</b> I 19	MS	INDEPENDENT CLAIMS 8
22191 TITLE CLINICAL CARE	UTIL	IZATION MANAGEME	NT SYS	TEM		<del></del>	e de la constante de la consta		
FILING FEE FEES: Authority has been given in Paper RECEIVED No to charge/credit DEPOSIT ACCOUNT No for following:					☐ All Fees ☐ 1.16 Fees ( Filing ) ☐ 1.17 Fees ( Processing Ext. of time ) ☐ 1.18 Fees ( Issue ) ☐ Other ☐ Credit				